

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: TOTAL LIFE HEALING CENTERS FAIRHAVEN (0010924)

Address: 2165 FAIRHAVEN BLVD, ELM GROVE, WI 53122

License Status: SECOND PROBATIONARY

Licensed/Certified/Registered 10/25/2005

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096856 **End Date:** 04/25/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011851 Served 05/06/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.13(7)(a)	EMPLOYE PERSONNEL RECORD		
83.14(1)(a)	CLIENT RELATED TRAINING		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.21(4)(i)1	CONFIDENTIALITY		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(2)(c)2	ANNUAL EVALUATION UPDATED		
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.35(5)(b)	REFRIGERATED AT 40 DEGREES F. OR BELOW		
83.41(10)(a)	BUILDING MAINTENANCE		
83.41(3)(c)	FURNISHING APPROPRIATE TO THE ROOM		
83.41(9)	CLEANLINESS OF ROOMS		
83.42(12)	MAINTENANCE OF EXITS		
83.42(9)	EXTINGUISHER MOUNTING		
83.53(2)(a)	DOORS EXCEPT PATIO DOORS		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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Survey ID: 0095773 **End Date:** 10/25/2005 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Enforcement History

Date: 05/04/2006 SOD #10011851 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.13(7)(a)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.32(2)(c)2
FORFEITURE---83.35(2)

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Complaint History

Date Complaint Received: 01/13/2006

Date Investigation Completed: 04/04/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	10011851
ADMINISTRATION	SUBSTANTIATED	10011851

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